

108TH CONGRESS  
1ST SESSION

# S. 176

To amend title XVIII of the Social Security Act to establish a program to provide for medicare reimbursement for health care services provided to certain medicare-eligible veterans in facilities of the Department of Veterans Affairs.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 16, 2003

Mr. DAYTON introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to establish a program to provide for medicare reimbursement for health care services provided to certain medicare-eligible veterans in facilities of the Department of Veterans Affairs.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Veterans Health Care  
5       Reimbursement Act of 2003”.

1 **SEC. 2. ESTABLISHMENT OF MEDICARE REIMBURSEMENT**  
 2 **PROGRAM FOR VETERANS.**

3 (a) IN GENERAL.—Title XVIII of the Social Security  
 4 Act (42 U.S.C. 1395 et seq.) is amended by adding at  
 5 the end the following new section:

6 “MEDICARE REIMBURSEMENT PROGRAM FOR VETERANS

7 “SEC. 1897. (a) DEFINITIONS.—In this section:

8 “(1) ADMINISTERING SECRETARIES.—The term  
 9 ‘administering Secretaries’ means the Secretary and  
 10 the Secretary of Veterans Affairs acting jointly.

11 “(2) MEDICARE HEALTH CARE SERVICES.—The  
 12 term ‘medicare health care services’ means items or  
 13 services covered under part A or part B.

14 “(3) PROGRAM.—The term ‘program’ means  
 15 the program carried out under this section.

16 “(4) PROGRAM SITE.—The term ‘program site’  
 17 means a Veterans Affairs medical facility that pro-  
 18 vides, alone or in conjunction with other facilities  
 19 under the jurisdiction of the Secretary of Veterans  
 20 Affairs and affiliated public or private entities—

21 “(A) in the case of a coordinated care  
 22 health plan, the health care benefits prescribed  
 23 in subsection (c)(3) to targeted medicare-eligi-  
 24 ble veterans residing within the service area;  
 25 and

1 “(B) in the case of health care benefits  
2 being provided on a fee-for-service basis, the  
3 health care benefits prescribed in subsection  
4 (d)(2) to targeted medicare-eligible veterans.

5 “(5) TARGETED MEDICARE-ELIGIBLE VET-  
6 ERAN.—The term ‘targeted medicare-eligible vet-  
7 eran’ means an individual who—

8 “(A) is a veteran (as defined in section  
9 101 of title 38, United States Code) who is en-  
10 rolled in the annual patient enrollment system  
11 under paragraph (4), (5), (6), or (7) of section  
12 1705(a) of title 38, United States Code;

13 “(B) has attained age 65;

14 “(C) is entitled to, or enrolled for, benefits  
15 under part A; and

16 “(D) is enrolled for benefits under part B.

17 “(6) TRUST FUNDS.—The term ‘trust funds’  
18 means the Federal Hospital Insurance Trust Fund  
19 established in section 1817 and the Federal Supple-  
20 mentary Medical Insurance Trust Fund established  
21 in section 1841.

22 “(7) VETERANS AFFAIRS MEDICAL FACILITY.—  
23 The term ‘Veterans Affairs medical facility’ means a  
24 medical facility as defined in section 8101 of title  
25 38, United States Code.

1 “(b) PROGRAM.—

2 “(1) IN GENERAL.—

3 “(A) ESTABLISHMENT.—The admin-  
4 istering Secretaries shall establish a program  
5 (under agreements entered into by the admin-  
6 istering Secretaries) under which the Secretary  
7 shall reimburse the Secretary of Veterans Af-  
8 fairs, from the trust funds, for medicare health  
9 care services furnished to targeted medicare-eli-  
10 gible veterans.

11 “(B) AGREEMENT.—Any agreement en-  
12 tered into under this paragraph shall include at  
13 a minimum—

14 “(i) a detailed description of the  
15 health care benefits to be provided to the  
16 participants of the program;

17 “(ii) a description of the eligibility  
18 rules for participation in the program, any  
19 premiums established for a coordinated  
20 care health plan, and any cost-sharing ar-  
21 rangements;

22 “(iii) a description of how the pro-  
23 gram will satisfy the requirements under  
24 this title;

1 “(iv) a description of the sites selected  
2 under paragraph (2) and which model such  
3 site will operate under;

4 “(v) a description of how reimburse-  
5 ment requirements under subsection (i),  
6 maintenance of effort requirements under  
7 subsection (j), and the annual reconcili-  
8 ation under subsection (k) will be imple-  
9 mented in the program;

10 “(vi) a statement that the Secretary  
11 shall have access to all data of the Depart-  
12 ment of Veterans Affairs that the Sec-  
13 retary determines is necessary to conduct  
14 independent estimates and audits of the  
15 maintenance of effort requirement under  
16 subsection (j), the annual reconciliation  
17 under subsection (k), and related matters  
18 required under the program;

19 “(vii) a statement that the Comp-  
20 troller General of the United States shall  
21 have access to all data of the Department  
22 of Veterans Affairs that the Comptroller  
23 General determines is necessary to carry  
24 out the reporting requirements under sub-  
25 sections (k) or (l);

1 “(viii) a description of any require-  
2 ment that the Secretary waives pursuant  
3 to subsection (c)(4) or (d)(4); and

4 “(ix) a certification, provided after re-  
5 view by the administering Secretaries, that  
6 any facility or entity described in sub-  
7 section (a)(4) that is receiving payments  
8 by reason of the program has sufficient—

9 “(I) resources and expertise to  
10 provide, consistent with payment re-  
11 quirements under subsection (i), the  
12 health care benefits required to be  
13 provided to beneficiaries under the  
14 program (as established under sub-  
15 sections (c)(3) and (d)(2)); and

16 “(II) information and billing sys-  
17 tems in place to ensure—

18 “(aa) accurate and timely  
19 submission of claims for health  
20 care benefits to the Secretary;  
21 and

22 “(bb) that providers of  
23 health care services that are not  
24 affiliated with the Department of  
25 Veterans Affairs are reimbursed

1 by the Secretary of Veterans Af-  
2 fairs in a timely and accurate  
3 manner.

4 “(C) SEPARATE AGREEMENTS FOR CO-  
5 ORDINATED CARE AND FEE-FOR-SERVICE.—The  
6 administering Secretaries shall enter into sepa-  
7 rate agreements with regard to program sites  
8 operating under a coordinated care health plan  
9 model and a fee-for-service model, and shall in-  
10 clude in each agreement only such information  
11 that is applicable to that model.

12 “(2) LOCATION OF PROGRAM SITES.—The pro-  
13 gram shall be conducted at any program site that is  
14 designated by the Secretary of Veterans Affairs.

15 “(3) RESTRICTIONS.—

16 “(A) ONLY 1 MODEL AT A SITE.—A pro-  
17 gram site may not operate under both a coordi-  
18 nated care health plan model and a fee-for-serv-  
19 ice model.

20 “(B) RESTRICTION ON NEW OR EXPANDED  
21 FACILITIES.—No new Veterans Affairs medical  
22 facilities may be built or expanded with funds  
23 from the program.

24 “(4) COMMENCEMENT OF PROJECT.—The ad-  
25 ministering Secretaries shall commence the dem-

1 onstration project not later than 6 months after the  
 2 date of enactment of the Veterans Health Care Re-  
 3 imbursement Act of 2003.

4 “(5) TERMINATION.—If determined appro-  
 5 priate, the Secretary of Veterans Affairs may termi-  
 6 nate the program.

7 “(6) REPORT.—At least 30 days prior to the  
 8 commencement of the program (for both the coordi-  
 9 nated care health plan model and the fee-for-service  
 10 model), the administering Secretaries shall submit a  
 11 copy of any agreement entered into under paragraph  
 12 (1) to the committees of jurisdiction of Congress.

13 “(c) COORDINATED CARE HEALTH PLAN MODEL.—

14 “(1) IN GENERAL.—The Secretary of Veterans  
 15 Affairs shall establish and operate coordinated care  
 16 health plans in order to provide the health care ben-  
 17 efits prescribed in paragraph (3) to targeted medi-  
 18 care-eligible veterans enrolled in the program under  
 19 this section consistent with the Medicare+Choice  
 20 program under part C.

21 “(2) OPERATION BY OR THROUGH A PROGRAM  
 22 SITE.—Any coordinated care health plan established  
 23 in accordance with paragraph (1) shall be operated  
 24 by or through a program site.

25 “(3) HEALTH CARE BENEFITS.—



1           “(A) IN GENERAL.—Subject to subpara-  
 2 graph (B), the Secretary of Veterans Affairs  
 3 shall prescribe the health care benefits to be  
 4 provided to a targeted medicare-eligible veteran  
 5 enrolled in a coordinated care health plan under  
 6 the program.

7           “(B) MINIMUM BENEFITS.—The benefits  
 8 prescribed by the Secretary of Veterans Affairs  
 9 pursuant to subparagraph (A) shall include at  
 10 least all medicare health care services that are  
 11 required to be provided by a Medicare+Choice  
 12 organization under part C.

13           “(4) MEDICARE REQUIREMENTS.—

14           “(A) IN GENERAL.—

15           “(i) REQUIREMENTS.—Except as pro-  
 16 vided under clause (ii), a coordinated care  
 17 health plan operating under the program  
 18 shall meet all requirements applicable to a  
 19 Medicare+Choice plan under part C and  
 20 regulations pertaining thereto, and any  
 21 other requirements for receiving payments  
 22 under this title, except that the prohibition  
 23 of payments to Federal providers of serv-  
 24 ices under sections 1814(c) and 1835(d),

1 and paragraphs (2) and (3) of section  
2 1862(a), shall not apply.

3 “(ii) WAIVER.—Except with respect to  
4 any requirement described in subparagraph  
5 (B), the Secretary is authorized to waive  
6 any requirement described in clause (i), or  
7 approve equivalent or alternative ways of  
8 meeting such a requirement, but only if  
9 such waiver or approval—

10 “(I) reflects the unique status of  
11 the Department of Veterans Affairs as  
12 an agency of the Federal Government;  
13 and

14 “(II) is necessary to carry out, or  
15 improve the efficiency of, the pro-  
16 gram.

17 “(B) BENEFICIARY PROTECTIONS AND  
18 OTHER MATTERS.—A coordinated care health  
19 plan shall comply with the requirements of the  
20 Medicare+Choice program under part C that  
21 relate to beneficiary protections and other re-  
22 lated matters, including such requirements re-  
23 lating to the following areas:

24 “(i) Enrollment and disenrollment.

25 “(ii) Nondiscrimination.

1 “(iii) Information provided to bene-  
2 ficiaries.

3 “(iv) Cost-sharing limitations.

4 “(v) Appeal and grievance procedures.

5 “(vi) Provider participation.

6 “(vii) Access to services.

7 “(viii) Quality assurance and external  
8 review.

9 “(ix) Advance directives.

10 “(x) Other areas of beneficiary protec-  
11 tions that the Secretary determines are ap-  
12 plicable to a coordinated care health plan  
13 operating under the program under this  
14 section.

15 “(d) FREE-FOR-SERVICE MODEL.—

16 “(1) IN GENERAL.—The Secretary of Veterans  
17 Affairs shall establish and operate a program site in  
18 order to provide, on a fee-for-service basis, the medi-  
19 care health care services prescribed in paragraph (2)  
20 to targeted medicare-eligible veterans under the pro-  
21 gram in a manner consistent with this title.

22 “(2) HEALTH CARE BENEFITS.—The admin-  
23 istering Secretaries shall prescribe the medicare  
24 health care services available to a targeted medicare-

1 eligible veteran at a program site operating under a  
2 fee-for-service model.

3 “(3) COST-SHARING.—The Secretary of Vet-  
4 erans Affairs shall establish cost-sharing require-  
5 ments for targeted medicare-eligible veterans that  
6 receive medicare health care services under a fee-for-  
7 service model at a program site. Such cost-sharing  
8 requirements shall be the same as those required  
9 under this title.

10 “(4) MEDICARE REQUIREMENTS.—

11 “(A) IN GENERAL.—Except as provided  
12 under subparagraph (B), any entity or health  
13 care provider that provides medicare health care  
14 services under the program on a fee-for-service  
15 basis shall meet all of the requirements under  
16 this title, except that the prohibition of pay-  
17 ments to Federal providers of services under  
18 sections 1814(c) and 1835(d), and paragraphs  
19 (2) and (3) of section 1862(a), shall not apply.

20 “(B) WAIVER.—The Secretary is author-  
21 ized to waive any requirement described under  
22 subparagraph (A), or approve equivalent or al-  
23 ternative ways of meeting such a requirement,  
24 but only if such waiver or approval—

1 “(i) reflects the unique status of the  
2 Department of Veterans Affairs as an  
3 agency of the Federal Government; and

4 “(ii) is necessary to carry out, or im-  
5 prove the efficiency of, the program.

6 “(5) VERIFICATION OF ELIGIBILITY.—

7 “(A) IN GENERAL.—The Secretary of Vet-  
8 erans Affairs shall establish procedures for de-  
9 termining whether an individual is eligible to re-  
10 ceive medicare health care services on a fee-for-  
11 service basis under the program.

12 “(B) RESTRICTION.—No payments shall  
13 be made under this section for any medicare  
14 health care service provided to an individual on  
15 a fee-for-service basis under the program unless  
16 the individual has been determined to be eligible  
17 for the service pursuant to the procedures es-  
18 tablished under subparagraph (A).

19 “(e) VOLUNTARY PARTICIPATION.—Participation of  
20 a targeted medicare-eligible veteran in the program shall  
21 be voluntary, subject to the capacity of participating pro-  
22 gram sites and any annual limitation on medicare pay-  
23 ments specified by the administering Secretaries in sub-  
24 section (i)(4), and shall be subject to such terms and con-  
25 ditions as the administering Secretaries may establish.

1       “(f) CREDITING OF PAYMENTS.—A payment received  
2 by the Secretary of Veterans Affairs under the program  
3 shall be credited to the appropriation of the Department  
4 of Veterans Affairs for Medical Care. Amounts credited  
5 to that appropriation for services furnished by a program  
6 site shall be credited to amounts in the appropriation that  
7 are available for the Veterans Integrated Services Network  
8 (VISN) in which the program site is located. Amounts so  
9 credited for a Veterans Integrated Services Network shall  
10 be available for the furnishing of health care and services  
11 by any Veterans Affairs medical facility in the Veterans  
12 Integrated Services Network. Amounts so credited shall  
13 be available in accordance with the preceding sentence  
14 without fiscal year limitation.

15       “(g) WAIVER OF CERTAIN VA REQUIREMENTS.—  
16 Notwithstanding any other provision of law, the Secretary  
17 of Veterans Affairs shall furnish medicare health care  
18 services to targeted medicare-eligible veterans pursuant to  
19 the program.

20       “(h) INSPECTOR GENERAL.—Nothing in any agree-  
21 ment entered into under subsection (b)(1) shall limit the  
22 Inspector General of the Department of Health and  
23 Human Services from investigating any matters regarding  
24 the expenditure of funds under this title for the program,

1 including compliance with the provisions of this title and  
 2 all other relevant laws.

3 “(i) PAYMENTS BASED ON REGULAR MEDICARE  
 4 PAYMENT RATES.—

5 “(1) AMOUNT.—Subject to the succeeding pro-  
 6 visions of this subsection and subsection (k), the  
 7 Secretary shall reimburse the Secretary of Veterans  
 8 Affairs for health care benefits provided under the  
 9 program at the following rates:

10 “(A) COORDINATED CARE HEALTH  
 11 PLANS.—In the case of health care benefits pro-  
 12 vided under the program to a targeted medi-  
 13 care-eligible veteran enrolled in a coordinated  
 14 care health plan, at a rate equal to 95 percent  
 15 of the amount paid to a Medicare+Choice orga-  
 16 nization under part C for an enrollee in a  
 17 Medicare+Choice plan offered by such organi-  
 18 zation (as risk adjusted under section  
 19 1853(a)(1)(B)).

20 “(B) FEE-FOR-SERVICE MODEL.—In the  
 21 case of a medicare health care service pre-  
 22 scribed in subsection (d)(2) that is provided at  
 23 a program site operating under a fee-for-service  
 24 model, at a rate equal to 95 percent of the  
 25 amounts that otherwise would be payable under

1           this title on a noncapitated basis for such serv-  
 2           ice if the program site was not part of the pro-  
 3           gram under this section, was participating in  
 4           the medicare program, and imposed charges for  
 5           such service.

6           “(2) EXCLUSION OF CERTAIN AMOUNTS.—In  
 7           computing the amount of payment under paragraph  
 8           (1), the following amounts shall be excluded:

9                   “(A) DISPROPORTIONATE SHARE HOS-  
 10                  PITAL ADJUSTMENT.—Any amount attributable  
 11                  to an adjustment under section 1886(d)(5)(F).

12                  “(B) DIRECT GRADUATE MEDICAL EDU-  
 13                  CATION PAYMENTS.—Any amount attributable  
 14                  to a payment under section 1886(h).

15                  “(C) INDIRECT MEDICAL EDUCATION AD-  
 16                  JUSTMENT.—Any amount attributable to the  
 17                  adjustment under section 1886(d)(5)(B).

18                  “(D) PERCENTAGE OF CAPITAL PAY-  
 19                  MENTS.—67 percent of any amounts attrib-  
 20                  utable to payments for capital-related costs  
 21                  under medicare payment policies under section  
 22                  1886(g).

23           “(3) PERIODIC PAYMENTS FROM MEDICARE  
 24           TRUST FUNDS.—Payments under this subsection  
 25           shall be made—



1           “(A) on a periodic basis consistent with  
2           the periodicity of payments under this title; and

3           “(B) in appropriate part, as determined by  
4           the Secretary, from the trust funds.

5           “(4) ANNUAL LIMIT ON MEDICARE PAYMENTS  
6           TO BE DETERMINED BY ADMINISTERING SECRE-  
7           TARIES.—The aggregate amount that may be paid  
8           to the Department of Veterans Affairs under this  
9           subsection for enrollees in coordinated care health  
10          plans for a year and for health care benefits pro-  
11          vided on a fee-for-service basis at a program site in  
12          that year shall be equal to an amount determined  
13          appropriate by the administering Secretaries.

14          “(j) MAINTENANCE OF EFFORT.—

15               “(1) IN GENERAL.—The Secretary may not re-  
16          imburse the Secretary of Veterans Affairs, from the  
17          trust funds, for medicare health care services fur-  
18          nished under the program to targeted medicare-eli-  
19          gible veterans at a program site in a fiscal year until  
20          the expenditures during that year by the Depart-  
21          ment of Veterans Affairs for such services provided  
22          at that site to individuals that meet the definition of  
23          a targeted medicare-eligible veteran under subsection  
24          (a)(5) (without regard to subparagraph (D) of such  
25          subsection) exceeds such expenditures at the site for

1 such services provided to applicable veterans during  
2 fiscal year 1998.

3 “(2) APPLICABLE VETERAN DEFINED.—For  
4 purposes of paragraph (1), the term ‘applicable vet-  
5 eran’ means an individual who—

6 “(A) is a veteran (as defined in section  
7 101 of title 38, United States Code) who is eli-  
8 gible for care and services under section  
9 1710(a)(3) of title 38, United States Code;

10 “(B) has attained age 65; and

11 “(C) is entitled to, or enrolled for, benefits  
12 under part A.

13 “(3) RULE OF CONSTRUCTION.—The criteria  
14 for eligibility for health care benefits furnished to  
15 veterans by the Secretary of Veterans Affairs is es-  
16 tablished under chapter 17 of title 38, United States  
17 Code, and nothing in this section shall be construed  
18 to add additional criteria for such eligibility.

19 “(k) ANNUAL RECONCILIATION TO ASSURE NO IN-  
20 CREASE IN COSTS TO MEDICARE PROGRAM.—

21 “(1) MONITORING EFFECT OF PROGRAM ON  
22 COSTS TO MEDICARE PROGRAM.—

23 “(A) IN GENERAL.—The administering  
24 Secretaries, in consultation with the Comp-  
25 troller General of the United States, shall close-

1 ly monitor the expenditures made under the  
2 medicare program under this title for targeted  
3 medicare-eligible veterans at each program site  
4 during a fiscal year compared to the expendi-  
5 tures that would have been made for such vet-  
6 erans during that year if the program had not  
7 been conducted.

8 “(B) ANNUAL REPORTS BY THE COMP-  
9 TROLLER GENERAL.—Not later than 6 months  
10 after the end of each fiscal year in which the  
11 program is operated, the Comptroller General  
12 of the United States shall submit to the admin-  
13 istering Secretaries and the appropriate com-  
14 mittees of Congress a report on the extent, if  
15 any, to which the costs of the Secretary under  
16 the medicare program under this title for each  
17 program site increased as a result of the pro-  
18 gram under this section during the fiscal year  
19 to which the report applies.

20 “(2) REQUIRED RESPONSE IN CASE OF IN-  
21 CREASE IN COSTS.—

22 “(A) IN GENERAL.—If the administering  
23 Secretaries find, based on paragraph (1), that  
24 the expenditures under the medicare program  
25 under this title for each program site increased

(or are expected to increase) during a fiscal year because of the program under this section, the administering Secretaries shall take such steps as may be needed—

“(i) to recoup for the medicare program the amount of such increase in expenditures; and

“(ii) to prevent any such increase in any succeeding fiscal year.

“(B) STEPS.—Such steps—

“(i) under subparagraph (A)(i), shall include payment of an amount equal to the amount of such increased expenditures by the Secretary of Veterans Affairs from the current appropriation for Medical Care of the Department of Veterans Affairs to the trust funds; and

“(ii) under subparagraph (A)(ii), shall include suspending or terminating the program (in whole or in part) or reducing the amount of payment under subsection (i).

“(l) GAO EVALUATION AND ADDITIONAL REPORTS.—

“(1) EVALUATION.—

1           “(A) IN GENERAL.—The Comptroller Gen-  
2           eral of the United States shall conduct an eval-  
3           uation of the program, including—

4                   “(i) an evaluation of program sites  
5                   operating under a coordinated care health  
6                   plan model and under a fee-for-service  
7                   model; and

8                   “(ii) where appropriate, a comparison  
9                   of such models.

10           “(B) CONTENTS.—Any evaluation con-  
11           ducted under subparagraph (A) shall include an  
12           assessment, based on the agreements entered  
13           into under subsection (b)(1), of the following:

14                   “(i) Any savings or costs to the medi-  
15                   care program under this title resulting  
16                   from the program.

17                   “(ii) Compliance of participating pro-  
18                   gram sites with applicable measures of  
19                   quality of care, compared to such compli-  
20                   ance by other entities that participate in  
21                   the medicare program and are not Vet-  
22                   erans Affairs medical facilities.

23                   “(iii) Compliance by the Department  
24                   of Veterans Affairs with the requirements  
25                   under this title.

1           “(iv) The number of targeted medi-  
2           care-eligible veterans opting to receive  
3           health care benefits under the program in-  
4           stead of receiving such benefits through  
5           another health insurance plan (including  
6           health care benefits under this title).

7           “(v) A comparison of the costs of par-  
8           ticipation of the program sites in the pro-  
9           gram with the reimbursements for health  
10          care services provided by such sites.

11          “(vi) Any impact the program has on  
12          the access to health care services, or the  
13          quality of such services, for—

14               “(I) targeted medicare-eligible  
15               veterans receiving health care benefits  
16               under the program; and

17               “(II) veterans (including targeted  
18               medicare-eligible veterans) that are  
19               not receiving health care benefits  
20               under the program.

21          “(vii) Any impact the program has on  
22          private health care providers and on bene-  
23          ficiaries under this title that are not receiv-  
24          ing health care benefits under the pro-  
25          gram.

1           “(viii) Any effect that the program  
2           has on the enrollment in Medicare+Choice  
3           plans offered by Medicare+Choice organi-  
4           zations under part C in the established  
5           program site areas.

6           “(ix) Any impact that the exclusion of  
7           the amounts described in subsection (i)(2)  
8           from the reimbursement amounts under  
9           the program has on the Department of  
10          Veterans Affairs or on targeted medicare-  
11          eligible veterans.

12          “(x) A description of the difficulties  
13          (if any) experienced by—

14                 “(I) the Department of Veterans  
15                 Affairs in managing the program; or

16                 “(II) the Department of Health  
17                 and Human Services in overseeing the  
18                 program.

19          “(xi) Any additional elements speci-  
20          fied in the agreements entered into under  
21          subsection (b)(1).

22          “(xii) Any additional elements that  
23          the Comptroller General of the United  
24          States determines are appropriate to as-  
25          sess regarding the program.

1           “(2) BIENNIAL REPORTS.—Not later than the  
 2           date that is the 2-year anniversary of the commence-  
 3           ment of the program and biennially thereafter (for  
 4           as long as the program is being conducted), the  
 5           Comptroller General of the United States shall sub-  
 6           mit reports on the evaluation conducted under sub-  
 7           paragraph (A) to the administering Secretaries and  
 8           to the committees of jurisdiction of Congress.

9           “(m) REPORTS BY ADMINISTERING SECRETARIES ON  
 10          PROGRAM OPERATION AND CHANGES.—

11           “(1) ANNUAL REPORT.—The administering  
 12           Secretaries shall submit to the committees of juris-  
 13           diction of Congress an annual report on the program  
 14           and its impact on costs and the provision of health  
 15           services under this title and title 38, United States  
 16           Code.

17           “(2) REPORT BEFORE MAKING CERTAIN PRO-  
 18          GRAM CHANGES.—

19           “(A) IN GENERAL.—The administering  
 20           Secretaries shall submit to the committees of  
 21           jurisdiction of Congress a report at least 60  
 22           days before—

23                   “(i) adding or changing the designa-  
 24                   tion of a site under subsection (b)(2);



1 “(ii) waiving any requirement under  
 2 subsection (c)(4) or (d)(4) that was not de-  
 3 scribed in any agreement under subsection  
 4 (b)(1) or previous report under this sub-  
 5 section;

6 “(iii) making other significant  
 7 changes in the operation of the program;  
 8 or

9 “(iv) terminating the agreement under  
 10 subsection (b)(5).

11 “(B) EXPLANATION.—Each report under  
 12 subparagraph (A) shall include justifications for  
 13 the changes or termination to which the report  
 14 refers.”.

15 (b) SENSE OF CONGRESS.—It is the sense of Con-  
 16 gress that the amount of funds appropriated for the De-  
 17 partment of Veterans Affairs for Medical Care in any fis-  
 18 cal year beginning after the date of enactment of this Act  
 19 should not be reduced because of the implementation of  
 20 the Medicare Reimbursement Program for Veterans under  
 21 section 1897 of the Social Security Act (as added by sub-  
 22 section (a)).

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